

INSTRUCTIONS FOR FILING APPLICATION FOR DENTAL LICENSURE IN KENTUCKY WHO HAS NOT GRADUATED FROM A COMMISSION ON DENTAL ACCREDITATION (CODA) PROGRAM

1. Must have completed two (2) years post-graduate training in a general dentistry CODA accredited program.
2. You must have obtained a passing grade on the SRTA examination or other **REGIONAL** Examination and National Boards parts 1 & 2. SRTA scores will automatically be sent directly to the Board office. If you took another regional exam, you must call them and have them send the results directly to the Kentucky Board office or you may request they be sent to you. **If sent directly to you, it must be sent to the Board office in the original sealed envelope.** Examination scores are valid for five (5) years.
3. You must pass a Kentucky jurisprudence examination. **Send \$10.00 to the Board office** for a law booklet. This is an open book test. Call the Board office for available dates and times to take this test. You are responsible for knowing all dental related laws.
4. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$50.00 application review fee.
5. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.

WHAT TO SUBMIT WITH YOUR APPLICATION

- ____ 1. Application with photo and affidavit. Use the name under which you wish to be licensed. **WRITE THE REGIONAL TEST NAME, DATE AND LOCATION ON THE FRONT OF THE APPLICATION.**
- ____ 2. Application fee \$280.00. (a \$50.00 non-refundable application review fee is included in this amount)
- ____ 3. Your National Board Score card (if it has not previously been sent to the Dental Board office. Call ADA at (800) 621-8099. Must be sent directly to the Board office.
- ____ 4. Official copy of your transcript/s from the school/s where the post-graduate training in a general dentistry was completed.
- ____ 5. **Continuing Education: 2006 graduates do not need to send in proof of CE.**

Completion certificates showing proof of required continuing education hours, taken within 24 months from the date of receipt of application in the Board office, must be submitted with the application.

If you graduated in 2005, you will need to show proof of taking 15 hours of CE. Of the 15 hours, 10 hours must be scientific presentation format, 5 hours can be business, home study, Internet, video, magazine or journal articles.

Completion certificates showing proof of required continuing education hours, taken within 24 months of the date of receipt of application in the Board office, must be submitted with the application.

Applicants graduating before 2005 will need to show proof of taking 30 hours of CE. Of the 30 hours, 20 hours must be scientific presentation format, 10 hours can be business, home study, internet, video, magazine or journal articles.

- ____ 6. Completion certificate from the sponsor of an HIV/AIDS course taken within the last 24 months. Must be at least a two hours course and **approved by the Kentucky Cabinet of Health & Family Services**. To obtain a current list of approved courses call 502/564- 6539 or check the Web site at: <http://chfs.ky.gov/dph/training>. These hours cannot count towards the 30 hours of continuing education.
- ____ 7. You must be current in Basic Life Support (BLS) OR CPR.** Send a **copy** of the front and back of the card. **These hours do not count towards the CE requirements.**
- ____ 8. Submit one letter of recommendation from the program director from each training site.
- ____ 9. Show proof of passing either the "Test of English as a Foreign Language" with a score of 650, or has an attainment of level 109 in the "English Language Service Test," if English is not the applicants native language.

IF YOU HAVE BEEN LICENSED IN ANOTHER STATE YOU MUST ALSO PROVIDE THE FOLLOWING:

- ____ 1. Current letter (within 3 months) verifying licensure in each state you hold or have previously held a license (copy of license not accepted.) **Must be sent directly to the Board office.**
- ____ 2. National Practitioners Data Bank Report and AADE Clearinghouse Report. This can be obtained by an electronic query done by the Board office. Fill out the enclosed National Practitioners Data Bank Report and AADE Clearinghouse Report application and send with your Dental Licensure Application. **Enclose the proper fee listed at the top of the Data Bank Application.**

IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.

Make Check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280

**** Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross

American Heart Association

American Safety & Health Institute (Florida)

Active Canadian Emergency Training

(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)